Please fill out these contact details to facilitate communication if necessary.	ACT GOVERNME Business Names Act		
Name: Address:	Registrar-General's C	)ffice	
E-mail: Telephone (BH):			
BP PARTIC	ULARS OF BUSIN	IESS NAME	
	TION STATEMENT and	I IMPORTANT INFORMATION	<b>OVERLEAF</b>
THIS FORM MAY BE USED TO APPLY FOR A NEW BI PARTICULARS OF AN EXISTING BUSINESS NAME. COMPLETE ALL SECTIONS BELOW. FEES ARE PAYABL	TICK THE APPROPRIATE BOX		
I. BUSINESS NAME (if applying to register a new busine		ence. otherwise show registered business nar	ne at 1(a).)
(a)	(c)		
(b)	(d)		
In determining whether a name is available for <i>Marks Act 1995 (Commonwealth)</i> . No respons proprietary rights acquired by registration of a	ibility is accepted for regist	ration of a name which might infri	
2. DATE OF COMMENCEMENT complete only if new business name – not more than 2 months after lodgement)		4. REGISTERED BUSINESS (leave blank if applying to register a new	
3. DATE OF CHANGE (complete only if changing particulars)		Γ	
5. NATURE OF BUSINESS (describe the goods sold o	services provided by the business, a	and attach supporting documents if required –	see overleaf)
POSTAL ADDRESS (may be outside the A.C.T)      NAME AND PARTICULARS OF EACH PROP If all proprietors live outside the A.C.T., a resident agent will n      FULL PERSONAL NAME OR CORPORATE NAME & ACN	eed to be nominated – see overleaf)	REGISTERED OFFICE OF CORPORATION	DATE OF BIRTH (IF UNDER 18)
<b>9. RESIDENT AGENT</b> (if all proprietors reside outside the corporations registered with the Australian Securities and Investigation of the context of the securities and Investigation of the securities and Investigation of the security of			lso applies to
FULL PERSONAL NAME OR CORPORATE NAME & ACN		GISTERED OFFICE OF CORPORATION	DATE OF BIRTH (IF UNDER 18)
Cheques Payable to the Registrar-General		Plea	se Turn Over
	CREDIT CARD PARTICUL	ARS	
Bankcard Mast	ercard Visa	С	ard Expiry Date
Card Number:			
Name of Cardholder:	Signature of Cardholder:	LI LI Amour	' nt: \$
Approved Form AF 2007-26 approved by Danielle Krajina, F	egistrar-General on 28 February 200		? (approved forms) and

Approved Form AF 2007-26 approved by Danielle Krajina, Registrar-General on 28 February 2007 under s.33 of the *Business Names* revokes form AF 2006 – 477. Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

#### 10. NAME AND PARTICULARS OF EACH OUTGOING PROPRIETOR (Only complete if changing the particulars of proprietor/s)

FULL PERSONAL NAME OR CORPORATE NAME & ACN		RESIDENTIAL ADDRESS OR REGISTERED OFFICE OF CORPORATION	
11. SIGNATURE/S	(All proprietors (including any outgoing corporations, an authorised signatory n	proprietors) and resident agent, where applicable, must sign and print their name/s. In the case of nay sign).	
(signature and name of signatory)		(signature and name of signatory)	
	(signature and name of signatory)	(signature and name of signatory)	

## WARNING

No expense should be incurred in relation to the use of the proposed name until a certificate of registration has been received by the applicant.

If you register a name consisting of only generic or generally used words you are advised that another name may be registered containing those same words, prefixed of suffixed by a distinguishing word or words e.g. Computer Installations would not preclude the registration of the name A.B. Computer Installations by another party.

There is no provision in the *Business Names Act 1963* to change a business name once registered. Where a change to a business name is required, it will be necessary to lodge a separate application to register the new name.

#### **IMPORTANT INFORMATION**

**Proprietors** - The proprietors are held accountable for the operation of the business trading under the registered business name, and for ensuring that the business operates in compliance with applicable laws, including the *Business Names Act 1963* (the Act) and the *Business Names Regulation 1963* (the Regulation).

**Trusts and Trustees -** Where a person or corporation is acting in this capacity as a trustee, the trustee, not the trust, will be deemed to be the proprietor for the purposes of the Act.

**Qualifications** - Where the proprietors of a business name are individual persons whose nature of business includes the provision of professional services which may only be carried out by persons holding specific qualifications (barrister, solicitor, veterinarian, architect or a medical professional), the Registrar-General will require a copy of the qualification or proof of endorsement to accompany the application.

**Franchises** - Registration of a business name as part of a franchise agreement or under licence will require written consent to the registration to be provided by the holder of the franchise or licence. Letters of consent must be issued on the letterhead of the franchise/licence holder, and identify both the business name to be registered and the proprietor(s) authorised to trade under that business name. The business name will still be subject to an examination for availability under the Act.

**Resident Agent** - The residential address of individual proprietors must be provided as Section 8 of the Act provides that where all proprietors of the business are individual persons who reside outside the ACT, a resident agent must be appointed. This requirement also applies where all proprietors of the business are individuals of no fixed address, or where the proprietor is a body corporate or government agency established under the laws of another State or Territory.

## **PRIVACY STATEMENT**

The Act authorises the Registrar-General to collect the information required by this form for the purpose of establishing and maintaining the public register of business names registered under the Act. The public register is available for search pursuant to Section 22 and 23 of the Act, and is also made available to government agencies for statistical and administrative purposes, and to non-government persons and organisations.

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا احتجت لساعدة في الترجمة الشغوية ، إتصل برقم الهاتف :
CHINESE	如果你需要传译员的帮助,请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk gňandek bžonn I-gňajnuna t'interpretu, cempel:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شمار ه تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ако вам је потребна помоћ преводиоца телефонирајте
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:
	RANSLATING AND INTERPRETING SERVICE
	131 450
	Canberra and District - 24 hours a day, seven days a week

# LOCATION

255 Canberra Avenue Fyshwick ACT 2609

#### OFFICE HOURS

8.30am to 4.30pm Monday to Friday (excluding public holidays)

 CONTACT NUMBERS

 Phone
 (02) 62070435 or

 (02) 62070474

 Fax
 (02) 62070487

 POSTAL ADDRESS

 PO Box 225

 CIVIC SQUARE
 ACT 2608